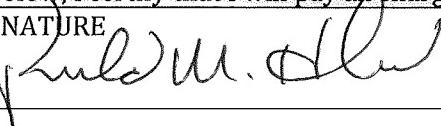


TRANSCRIPT ORDER FORM

DUE DATE:

Please Read Instructions on Page 2.

1. REQUESTOR'S INFORMATION:		NAME Ronald M. Huber	TELEPHONE NUMBER 434-293-4283
DATE OF REQUEST 9/10/2019	EMAIL ADDRESS (<i>Transcript will be emailed to this address.</i>) Ron.Huber@usdoj.gov		
MAILING ADDRESS 255 W. Main Street, Suite 130		CITY, STATE, ZIP CODE Charlottesville, VA 22902	
2. TRANSCRIPT REQUESTED:	NAME OF COURT REPORTER JoRita Meyers OR CHECK HERE <input type="checkbox"/> IF HEARING WAS RECORDED BY FTR		
CASE NUMBER 4:18-cr-00011	CASE NAME U.S. v. Marcus Davis, et al	JUDGE'S NAME Urbanski	
DATE(S) OF PROCEEDING(S) 9/04/2019	TYPE OF PROCEEDING(S) Daubert hearing	LOCATION OF PROCEEDING Roanoke	
REQUEST IS FOR: (Select one)	<input type="checkbox"/> FULL PROCEEDING	OR <input checked="" type="checkbox"/>	SPECIFIC PORTION(S) (<i>Must specify below</i>)
SPECIFIC PORTION(S) REQUESTED (<i>If applicable</i>): Portion following witness testimony			
3. SERVICE TURNAROUND CATEGORY REQUESTED: (See Page 2 for descriptions of each service turnaround category.)			
<input type="checkbox"/> Ordinary (30-Day)	<input type="checkbox"/> Daily		
<input type="checkbox"/> 14-Day	<input type="checkbox"/> Hourly		
<input checked="" type="checkbox"/> Expedited (7-Day)	<input type="checkbox"/> RealTime		
<input type="checkbox"/> 3-Day			
4. CERTIFICATION: By signing below, I certify that I will pay all charges (deposit plus additional).			
DATE 9/10/2019	SIGNATURE 		

If you have any questions, please contact the court reporter coordinator at (434) 847-5722 or by email to CRC@vawd.uscourts.gov.

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